

**MOMS/PAT Program Report**  
**Project Period: January 1, 2016 – December 31, 2016**

**Individuals and/or Families**

**I. Program Goals Achieved/Accomplished**

- Reviewed caseload to determine active and inactive clients
- Made telephone calls and sent letters to clients
- Non-responsive clients were sent exit letters

**II. Staffing**

- 1<sup>st</sup> and 2<sup>nd</sup> Quarters: There were no staffing changes. Two (full-time) home visitors on staff and one supervisor.
- 3<sup>rd</sup> Quarter: During this period, one home visitor was promoted to the case management team and the supervisor resigned.
- 4<sup>th</sup> Quarter: One full time home visitor and supervisor hired.

**III. Are you seeing any changes in the clients/participants that are being enrolled in the MOPS program? Provide a detailed specific example.**

- During 2016, 54 pregnant women were enrolled in the MOPS/PAT program. A total of 18 clients were exited for non-participation and clients moving out of the service area. The major change we see in clients is their gestation age at the time they enroll in the program. The goal in enrollment during the 1<sup>st</sup> trimester. 1<sup>st</sup> Trimester enrollment was 13, 2<sup>nd</sup> Trimester 16, 3<sup>rd</sup> trimester 7 and 17 were enrolled post-partum. There was one client with a gestation age not noted at enrollment.
- As of January 2015, criteria for program enrollment changed to include African-American women of child bearing ages living in Clayton County with no zip code restriction. We also have extended our service to exclusively provide home visiting service to eligible participants in Healthier Generation Program.

**IV. How has that affected the program?**

- Client enrollment has decreased and efforts to recruit additional clients began this period.

**The Program**

**I. What has been your biggest challenge in the last few months?**

- In the last few months, the biggest challenge with the MOPS program has been with staff turnover due to resignation or internal promotion. but has since resigned. There has also been a change in the Supervisor role. Job vacancies have subsequently caused gaps in home visiting services and engagement with clients.

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***II. Tell us about how you are planning to address some of these challenges?***

- Positions have been filled. The agency will consider hiring another hourly home visitor.
- The Healthier Generations case management staff work closely with the home visitors and often will participate in contacting MOMS/PAT clients. We continue to maintain contact with clients during this transitional period through telephone calls, mailings and extending invites to group connections and other community events. The newly hired and already PAT trained, part-time home visitor has begun serving client through home visitation.

***III. How do you typically know if the program is on track or it's time to do something different in the program?***

- On a quarterly basis program statistics are reviewed to determine. Program participants were not given Satisfaction Surveys. These surveys poll and rate the clients experience with the program, home visitors, group connection and impact on their families' well-being. In January 2015, we collected surveys that revealed overall satisfaction of service delivery.

***IV. Describe how grant dollars were spent?***

- Grant dollars were spent on staff salaries, fringes, minimal office supplies and training for the program supervisor.

**The Community**

***I. Considering the community and external partners, are there any changes or opportunities occurring right now that might impact this program.***

- During 2016 community partnerships continued to develop. CCBOH continues purchase and distribute MARTA passes for clients. This ensures clients have access to services, events and appointments (doctors' visits, employment opportunities, group connections events, etc.)
- Developed a partnership with the United Way to find temporary and permanent housing for clients enrolled on the MOMS/PAT or Healthier Generations Programs.

***II. Other Program Successes***

- During this period 24 babies were born. Ninety-three (93%) were born at or above 37 weeks' gestation.
- 87% were born at or above 5.5 pounds.

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The MOMS Program has conducted the following activities during 2016:

Event	# Distributed or # Attended
<b>Safe Sleep Education Classes/Crib Distributed</b>	<b>154</b>
<b>Car Seat Classes/Car Seats Distributed</b>	<b>115</b>
<b>GROUP CONNECTIONS:</b>	
<b>Family Leadership</b>	<b>20</b>
<b>Morrow Elem Outreach</b>	<b>9</b>
<b>Therapeutic Counseling</b>	<b>15</b>
<b>Nutrition Workshop</b>	<b>19</b>
<b>Read w/Me and Mommy</b>	<b>19</b>
<b>United Way Financial Workshop</b>	<b>16</b>
<b>Amerigroup Ice Cream Social</b>	<b>43</b>
<b>Empire Make over</b>	<b>21</b>
<b>Movie Night</b>	<b>24</b>
<b>Be Day</b>	<b>15</b>
<b>Winter Wonderland</b>	<b>20</b>
<b>House of Dawn Nutrition Counseling</b>	<b>28</b>
<b>Individual Nutrition Counseling</b>	<b>6</b>
<b>Child Birth Classes</b>	<b>3</b>
<b>Families 1<sup>st</sup> Doula Training</b>	<b>37</b>
<b>Little One's Learning Center</b>	<b>7</b>
<b>Back to School Jamboree – Tara Village</b>	<b>13</b>
<b>Monthly Nutrition Conference Call</b>	<b>7</b>

**III. Recommendations for Replication and/or Continuation**

- Continue to ensure all program participants are active.
- Continue to work with new hires on training and development
- Continue recruitment and enrollment of new clients

**IV. Outcomes Report**

- a. Attach related or supporting documents

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**Part A. Report on Deliverables:**

<b>Evaluation, Reporting and Data Tracking</b>	<b>Status</b>	<b>Comments</b>
Provide PAT service to at least 75 families per calendar year using the Parents as Teachers Foundational curriculum and aligned with PAT National Center Quality Standards/Essential Requirements; (including 6 of 12 monthly home visits in the home or natural setting; monthly group meetings using the PAT National Center Quality Standards/Essential Requirements; health and development screenings as indicated; and link PAT families to available community resources).	Currently 54 families are enrolled.	18 families were exited from the program due to lack of participation/interest or the client moved out of the service area.
Offer a blended home visiting program by integrating PAT CCBOH's Resource Mothers Program, Making Our Mothers Successful (MOMS), and Healthier Generations (HG)/(Healthy Start)	Clients continue to receive blended home visiting services	Clients enrolled in PAT Home Visiting Services may also be followed by a Healthier Generation Case manager. Clients also have access to resources and services provided by MOPS include but not limited to Car Seat safety education, Safe Sleep & SIDS information, diaper assistance and referrals for other services). Programs meet on a weekly basis to discuss case status.
Serve as the hub site for service delivery, employing two Parent Educators/Home Visitors and a part-time PAT Supervisor and a part-time data clerk/program associate.		Considering hiring an hourly/part time home visitor.
Provide outreach and referral services to targeted families in Clayton County	102 referrals to services were made to various.	Referrals were made to Adult Education, job training, college (8)

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<b><u>Evaluation, Reporting and Data Tracking</u></b>	<b><u>Status</u></b>	<b><u>Comments</u></b>
		Community/group participation (3) Early Childhood Intervention (2) Emergency Crisis Intervention/Services (2) Employment Services (2) Family Planning (3) Financial Resources (3) Food Resources (Pantry) (7) Housing Resources (10) Injury Prevention (14) Medical Services (1) Mental Health Services (7) Other (35) Social Support Network (2) Transportation, license/insurance (4)
Provide supervision and support for Parent Educators/home visitors.	This is a daily activity.	Supervise and Support occurs as needed, during events and site visits and one on one sessions.
Meet at least monthly with each Parent Educator to review work performances, review individual PAT family and children files and records on quarterly basis, and shadow Parent Educators on home visits to ensure fidelity to the PAT model at least twice a year.	Regular review of work performances continues to occur.	During this reporting period, reflective supervision meetings were held as required by PAT curriculum.
Monitor work plans to ensure MOMS/PAT/HG deliverables are being met, and ensure that the program information on client demographics and services are being collected appropriately.	Monitoring work plans are ongoing.	Quarterly review of new client demographics will occur to insure data is collected appropriately.
Input evaluation data into Visit Tracker online database regularly.	This is ongoing.	New staff members have been trained and will utilize and update Visit Tracker and

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		Mitchell & McCormick regularly.
Submit quarterly program reports (and any additional report) as requested by UWGA	Reports are submitted by prescribed deadlines	Quarterly reports will be submitted for subsequent work.
Communicate with UWGA (in a timely manner) regarding any staff changes and if support is needed in meeting deliverables and timelines outlined in MOU	Staff Changes during this period have been reported to UWGA	All staff changes were communicated to UWGA in a timely manner.
Participate in meetings, trainings and professional development coordinated by UWGA and/or partners	Staff and Program Supervisor have attended required meetings and trainings.	Weekly staff meetings are held.

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**Appendix B - Reporting Template**

**See Attached Excel Spreadsheet (Rolling Data)**

Focus Area		Home Visitation System of Care											TOTAL to DATE	
Lead Partner		2016												
	TARGET for the Year	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	
<b>Enrollment</b>														
Number of pregnant women enrolled	75	2	3	1	4	3	2	1	3	5	5	24	1	54
Gestational Age at enrollment														
<10 weeks	10	0	0	0	0	0	1	0	0	0	0	0	3	0
10-14 weeks	10	0	0	1	0	0	0	0	0	0	1	7	0	9
15 - 19 weeks	9	0	0	0	0	0	0	0	0	0	0	0	0	0
20 - 24 weeks	4	0	0	0	0	1	0	0	1	1	0	6	0	9
25 - 28 weeks	7	0	0	0	0	0	0	1	2	2	0	2	0	7
29 weeks>	0	1	0	0	1	1	1	0	0	1	0	2	0	7
Enrolled Post Partum	0	1	3	0	3	1	0	0	1	4	3	1	17	
Not available	0	0	0	0	0	0	0	0	0	0	1	0	1	
Number of women who exited program	40	1	1	4	1	3	0	0	0	1	0	0	7	18
<b>Birth Outcomes</b>														
Number of live births	100%	4	1	4	2	0	1	0	1	3	4	2	2	24
Healthy Gestation - % of births with average Gestational age >37 weeks	100%	75%	100%	100%	50%	0	100%	0	100%	100%	100%	100%	100%	93%
Premature - % of births with average gestational age <37 weeks	0%	25%	0	0	50%	0	0	0	0	0	0	0	0	38%
Mode of Delivery - % of babies born vaginally	100%	100%	50%	50%	0	100%	0	100%	66%	75%	100%	50%	50%	79%
Healthy weight - % of babies born weighing >5.5lbs	100%	100%	0%	100%	100%	0	100%	0	100%	66%	100%	100%	100%	87%
Average weight of babies born	7.2lbs	5.34	5.37	6.70	6.62	0	6.43	0	6.62	5.70	6.65	7.26	8.06	6.475

Focus Area Lead Partner	Health - Babies Born Healthy			Home Visitation System of Care		
	Clayton County Board of Health			2016		
TARGET for the Year	Jan	Feb	Mar	Apr	May	Jun
<b>Family Support Outcomes</b>						
Number of families served	75	57	61	59	63	62
Number of home visits	900	28	25	41	33	55
Total number of family support referrals	35	6	4	7	3	7
Percentage of families assessed for health insurance	25%	49%	41%	67%	69%	52%
Percentage of families referred to social service agencies	25%	50%	0%	29%	0%	14%
Percentage of enrolled children have had at least one healthcare visit in the past 12 months	75%	80%	45%	38%	0%	50%
<b>Strengthening Family Outcomes</b>						
Number of children who were evaluated using the ASQ	70	5	3	7	5	3
Average improvement or change since last assessment in ASQ scores	<-1	0	0	0	0	0
Number of children who have health insurance	65	5	11	16	4	1
Number of children who have had at least one health care visit in the past 12 months	56	4	5	6	0	0
Number of reported incidents of child abuse or neglect	0	0	0	0	0	0

## **Staff Trainings for Calendar Year 2016 (January thru December 2016)**

### **January 2016**

- COIN Webinar: Social Determinants of Health (January 11th)
- COIN Webinar: Healthy Start Screening Tools Launch (January 11th)
- COIN Webinar: Smoking Cessation (January 13th)
- COIN Webinar: Implementing Quality Improvement (January 20<sup>th</sup>)
- COIN Webinar: Pre & Early Term Webinar (January 19<sup>th</sup>)
- COIN Webinar: Engaging Fathers During Home Visits: (January 21<sup>st</sup>)
- COIN Webinar: Risk Appropriate Perinatal Care (January 26<sup>th</sup>)
- Webinar: The Who, What, When, Where, and How of Centralized Intake (January 28<sup>th</sup>)
- Language Play Training (January 29<sup>th</sup>)
- Webinar: CDC's Public Health Grand Rounds: "Public Health Strategies to Prevent Preterm Birth (Archives)

### **February 2016**

- COIN Webinar: Safe Sleep (February 2<sup>nd</sup>)
- COIN Webinar: Social Determinants of Health (February 8th)
- COIN Webinar: Smoking Cessation (February 10th)
- COIN Webinar: Pre & Early Term Birth (February 16th)
- COIN Webinar: Perinatal & Infant Health: (February 18th)
- COIN Webinar: Risk Appropriate Perinatal Care (February 23<sup>rd</sup>))
- COIN Webinar: Pre & Interconception Health (February 24<sup>th</sup>)

### **March 2016**

- COIN Webinar: Smoking Cessation (March 9th)
- COIN Webinar: Pre & Early Term Birth (March 15th)
- CDC Public Health Grand Rounds: "Addressing Health Disparities in Early Childhood" (March 15<sup>th</sup>)
- COIN Webinar: Risk Appropriate Perinatal Care (March 22nd)

- Webinar: What's the big deal about Reflective Supervision? How Reflective Supervision can support the work of Maternal Child Health and Early Childhood Interventions (March 22<sup>nd</sup>)
- COIN Webinar: Pre & Interconception Health (March 23rd)
- Region IV Public Health Training- Protecting the Public from Mosquito-borne Illnesses: Zika (March 25<sup>th</sup>)
- Region IV Public Health Training: Population Health vs. Public health and ACA's Impact

## April 2016

- COIN Webinar: Safe Sleep (April 5<sup>th</sup>)
- Joint COIN Webinar: Healthy Start, Infant Mortality, and Home Visiting COIN (April 7<sup>th</sup>)
- COIN Webinar: Social determinants of Health (April 11<sup>th</sup>)
- Health Start Webinar: Parenting Strengths and Partnering with Medical Home (April 12<sup>th</sup>)
- COIN Webinar: Smoking Cessation (April 13th)
- COIN Webinar: Pre & Early Term Birth (April 19th)
- Healthy Mother, Healthy Baby (April 26<sup>th</sup>)
- COIN Webinar: Risk Appropriate Perinatal Care (April 26th)
- COIN Webinar: Pre & Interconception Health (April 27th)
- GA Dept. of Health Breastfeeding Training Series (April 27th)
- Motivational Interviewing Training w/ JSI (April 28<sup>th</sup>-29<sup>th</sup>)
- Guest presenters from Emory University- Topic: Mother to Baby Georgia AND Fetal Alcohol Spectrum Disorder (FASD) (May 2nd)

## May 2016

- COIN Webinar: Safe Sleep (May 3rd)
- Webinar: Conversations with Healthy Start- Discussing the number of HS Participants for 2016 (May 5<sup>th</sup>)
- AAP Family Partnerships Network and Committee on Psychosocial Aspects of Child and Family Health- Don't Forget the Dads! The Important Role of Fathers in Child and Family Health Webinar (May 6<sup>th</sup>)

- COIN Webinar: Social Determinants of Health (May 9th)
- COIN-Wide AP Call: Partnering with Perinatal Quality Collaboratives (May 11<sup>th</sup>)
- COIN Webinar: Smoking Cessation (May 11th)
- COIN Webinar: Pre & Early Term Birth (May 17th)
- *Training Opportunities to Support Breastfeeding Among Healthy Start Webinar* (May 17<sup>th</sup>)
- Reducing Disparities in Teen Birth Rates: A National Snapshot from CDC and Examples from the Field (May 19<sup>th</sup>)
- Stress Depression Training (May 19<sup>th</sup>)
- COIN Webinar: Risk Appropriate Perinatal Care (May 24th)
- COIN Webinar: Pre & Interconception Health (May 25th)

## **June 2016**

- COIN Webinar: Safe Sleep (June 7th)
- COIN Webinar: Social Determinants of Health (June 13th)
- COIN Webinar: Smoking Cessation (June 15th)
- Resource MOMS Training (June 16, 17, 23 & 24)
- AAP Clinical Report - Fathers' Roles in the Care and Development of Their Children: The Role of Pediatricians webinar - June 17th
- COIN Webinar: Pre & Early Term Birth (June 21st)
- *GA DPH Breastfeeding Training* (June 22nd)
- COIN Webinar: Risk Appropriate Perinatal Care (June 28th)
- COIN Webinar: Pre & Interconception Health (June 29th)

## **July 2016**

- What Healthy Start Grantees Need to Know -Zika Virus Webinar (June 29<sup>th</sup>)
- COIN Webinar: Safe Sleep (July 5th)
- COIN Webinar: Social Determinants of Health (July 11th)
- COIN Webinar: Smoking Cessation (July 13th)
- Stress Management Workshop for clients- (July 14<sup>th</sup>)
- COIN Webinar: Pre & Early Term Birth (July 19th)
- COIN Webinar: Risk Appropriate Perinatal Care (July 26<sup>th</sup>)

- COIIN Webinar: Pre & Interconception Health (July 27<sup>th</sup>)

### August 2016

- Ga Dept. of Public Health Safe Sleep Training for Collective Action Network (CAN) Perinatal & Infant Health Coalition Members (Aug 4<sup>th</sup>)
- Special Initiatives- Conversations with the Division of Healthy Start and Perinatal Services (August 4<sup>th</sup>)
- Invitation: Level 1 Urban HS Sites CI-PLN (August 11<sup>th</sup>)
- Maternal Depression Webinar (August 15<sup>th</sup>)
- Evaluating Collective Impact PLN: Session #2 (August 16<sup>th</sup>)
- CDC Public Health Grand Rounds, "**Primary Prevention and Public Health Strategies to Prevent Neonatal Abstinence Syndrome.**" (August 16<sup>th</sup>)
- Ga DPH Breastfeeding Training Series: Creating a Breastfeeding Friendly Community- (August 17<sup>th</sup>)
- Ask the Expert- Overview of Safe Homes/Safe Babies: A Train the Trainer Curriculum on Domestic Violence and Reproductive Coercion (August 18<sup>th</sup>)
- Prevent Child Abuse Georgia New Mandated Reporter Training (August 19<sup>th</sup>)

### September 2016

- Invitation: Level 1 Urban HS Sites CI-PLN (September 8th)
- Parenting Children from Birth to age 2 (September 13<sup>th</sup>)
- Quality Improvement, Care Coordination and Evaluation: HS Benchmarks and Screening Tools (September 20<sup>th</sup>)
- GA Department of Health Breastfeeding Training Series (September 21<sup>st</sup>)
- IM COIIN Virtual Harvest Meeting (September 28<sup>th</sup>)

### October 2016

- Employee Mandatory Safety Training (October 5<sup>th</sup>)
- Agency Mandatory Safety Training (October 5th & 6<sup>th</sup>)
- Invitation: Level 1 Urban HS Sites CI-PLN (October 13th)
- Bloodborne Pathogens Training (October 17th)
- IM COIIN: Evaluating Collective Impact (October 18th)

- CDC Public Health Ground Rounds: “**Changes in Clinical Diagnostics and Tracking Infectious Diseases (October 18<sup>th</sup>)**
- IM COIIN Virtual Learning Session (October 19<sup>th</sup> & 20th)
- Home Visitors Safety Training- (October 28<sup>th</sup>)

### **November 2016**

- IM CoIIN Safe Sleep Action Period Call (November 1<sup>st</sup>)
- IM CoIIN Smoking Cessation Action Period Call (November 9th)
- IM CoIIN Pre & Early Term Birth Action Period Call- (November 15<sup>th</sup>)
- IM CoIIN Pre & Interconception Care Action Period Call- (November 16<sup>th</sup>)
- Invitation: Level 1 Urban HS Sites CI-PLN (November 17<sup>th</sup>)
- IM COIIN: Risk Appropriate Perinatal Care Action Period (November 22nd)
- Community Strategies to Reclaim Breastfeeding- (November 30<sup>th</sup> & December 1<sup>st</sup>)

### **December 2016**

- Healthy Start Screening Tools Webinar (December 14<sup>th</sup>)
- IM COIIN Updated AAP Safe Sleep Guidelines Webinar (December 20<sup>th</sup>)
- GA Dept. of Public Health Breastfeeding Webinar Anticipatory Guidance for Lactating Mothers (December 21<sup>st</sup>)